

**STATE OF MARYLAND
BOARD OF EXAMINERS OF PSYCHOLOGISTS
4201 PATTERSON AVENUE
BALTIMORE, MD 21215-2299**

Dear Colleague:

Thank you for your willingness to endorse an applicant for licensure as a psychologist in the State of Maryland. It is the responsibility of the Board to determine if the candidate meets the qualifications specified by the State of Maryland Rules and Regulations. Your evaluation will be of value and should cover the applicant's professional education, professional supervised experience, competence, professional conduct, and moral character. Please feel free to include any other information pertinent to the Board's consideration of the applicant. Would you please complete the following **and send this form and letter directly to the Board.**

Please Check or Complete as Applicable

I. General Information:

Applicant:

Name _____ of _____ Endorser:

Type of Endorsement: ☐ Verification of professional supervised experience requirements. **(Complete form and attach your letter of evaluation.)**

☐ General letter of support for applicant.
(Skip to number 4 below, sign form, and attach a letter providing additional information.)

II. Information about Supervision and Training Requirements:

Type of Training: ☐ Predoctoral ☐ Postdoctoral ☐ Other (explain)

Mode of Training: ☐ Full Time ☐ Part Time Total _____ Hours:

Dates of Training: Start Date _____ Completion Date _____

Did the experience include professional work in psychology using the methods, principles, and procedures of psychology, including but not limited to teaching, counseling, clinical practice, research, and industrial consultation?

☐ Yes ☐ No

During the period training did the applicant receive a minimum of one hour of individual supervision per week at a face-to-face meeting with a supervisor qualified to supervise the activities being performed or the services being rendered?

☐ Yes ☐ No

III. Information about the Endorser:

Was the primary supervisor for this experience a psychologist? ☐ Yes ☐ No

Was the supervisor required to have a license in the state or country where supervision occurred? ☐ Yes ☐ No (explain)

State of License: _____ License No. _____

IV. Attestation:

I hereby attest that my responses on this endorsement are true, complete, and accurate to the best of my belief.

Signature of Endorser: _____

Date: